

Martin O'Malley  
Governor

Anthony Brown  
Lt. Governor

Brenda Donald  
Secretary

**To:** Directors of Child Placement Agencies

**From:** Michael A Becketts, MSW, MS, LCSW-C  
Deputy Director, Office of Licensing and Monitoring

A handwritten signature in blue ink, appearing to be 'MB', is written over the 'From' line.

**Date:** June 15, 2009

**Re:** Title IV-E Requirements and Monthly Reporting Requirements

A recent audit of DHR conducted by the federal government revealed the absence of some required data in records of provider organizations. The primary concern is the lack of documentation of required safety measures for agency employees, volunteers, board members, interns, and foster families. According to federal requirements contained in 45 CFR 1356.30, for a child care provider to be eligible for Title IV-E funding, the licensing file must contain documentation which verifies that safety considerations have been addressed.

In accord with the findings of the federal audit, DHR must begin to routinely collect data on all individuals employed or volunteering with a provider agency. Data elements to be collected are; outcomes related to clearances for child protective services history, and criminal background clearances including fingerprint-based checks of national crime information databases and outcomes of State Police. For foster families health safety and fire safety inspection information must also be collected.

COMAR requires state and federal criminal background investigations and a review of child abuse and neglect records from the local departments of social services in the jurisdiction where the applicant resides. The investigation must be completed and documented before employment or approval as a volunteer or governing board member. COMAR also requires health and fire inspections of foster homes must also be routinely completed and documented.

To document compliance with these requirements, beginning July 2009, the Office of Licensing and Monitoring will require that your agency capture and report the attached data elements for each employee, board member, intern, volunteer, and foster family at your agency.

As a part of this correspondence you have been provided with the list of data elements required and the definition of those data elements, a Microsoft Excel workbook is also attached that includes two worksheets; the definitions are also contained within the worksheets. Your agency is expected to provide complete information on all employees, board members, volunteers, interns, and foster family no later than close of business July 10, 2009.

The complete rosters should not be provided to OLM in subsequent months; updates to previously reported information and newly appointed employees, board members, volunteers, and interns should be reported no later than the 10<sup>th</sup> of subsequent months.

The attached Excel file replaces the monthly file your agency completes on TFC homes. You will continue to provide the updates to ILP locations on the spreadsheet you have used in the past. Please submit the completed files electronically to [OLM\\_CPAupdates@dhr.state.md.us](mailto:OLM_CPAupdates@dhr.state.md.us).

## Data Elements and Definitions for EMPLOYEE/BOARD MEMBER/VOLUNTEER/INTERN INFORMATION

Individual's Full Legal Name: *List the individual by full name including: First, Middle, and Last names including any suffix (e.g. Jr. Sr. II, III, etc.)*

Affiliation type: *Select employee, board member, volunteer, or intern*

Start Date: *The date on which the employee began to accrue salaried hours, the date on which a board member was appointed, or the date on which a volunteer or intern began to serve.*

Termination Date: *The date of termination on the letter of termination or resignation placed in the personnel file of the employee, board member, or volunteer.*

### CHILD PROTECTIVE SERVICES INFORMATION

Current CPS Clearance results: *Date on which the employee's clearance was completed by either an appropriate local department of social services or the Social Services Administration.*

Documentation of current CPS clearance in the Human Resource File: *Select "Yes" only if the program's personnel file for the employee contains, at this moment, a copy of the document received by either the appropriate local department of social services or the Social Services Administration. Select "no" in all other cases.*

Outcome of Clearance: *In almost all cases, the form should read "clear" or "N/A" If an exception was made by an administrator in the Department of Human Resources select "Exception." Only if there is a written letter or memo describing the exception and signed by the State administrator placed in the individual's personnel file may the exception be claimed.*

### FEDERAL CLEARANCE INFORMATION

Federal Criminal Background results date: *The date on which CJIS completed the check.*

Documentation of current Federal clearance is in the Human Resource File: *Select "Yes" only if the program's personnel file for the employee contains, at this moment, a copy of or the original document received by CJIS. Select "no" in all other cases.*

Is there a Federal conviction in the following categories: child abuse, Child Neglect, Spousal Abuse, Rape, Sexual Assault, Homicide, or any crime against children? *In most cases, "No" should be entered. " If an exception was made by an administrator in the Department of Human Resources select "Exception." Only if there is a written letter or memo describing the exception and signed by the State administrator placed in the individual's personnel file may the exception be claimed.*

If there has been a conviction: *enter the type of conviction here as noted on the Federal Clearance otherwise write "N/A."*

### STATE CLEARANCE INFORMATION

State Criminal Background check date: *The date which CJIS completed its clearance should be entered.*

Documentation of current state clearance is in the Human Resource File: *Select "Yes" only if the program's personnel file for the employee contains, at this moment, a copy of or the original document received by CJIS. Select "no" in all other cases.*

Is there a State conviction in the following categories: Child Abuse, Child Neglect, Spousal abuse, Rape, Sexual Assault, Homicide or any crime against children: *Select "Yes" if this is true. Select "No" if this is false. If an exception was made by an administrator in the Department of Human Resources select "Exception." Only if there is a written letter or memo describing the exception and signed by the State administrator placed in the individual's personnel file may the exception be claimed.*

### CONVICTION WITHIN THE PAST 5 YEARS.

Has there been a conviction on charges of Assault, or Drug Related Crimes. *Select "Yes" if this is true. Select "No" if this is false.*

Is there a State conviction where the individual encouraged, caused or tended to cause any act, omission, or condition which resulted in a violation, renders a child delinquent or in need of supervision? *Select "Yes" if this is true. Select "No" if this is false.*



## Definitions for CPA foster care providers IV-E Report Foster Home Information

Status: Select "Current" if this is the first IV E report you are sending.  
Select "New" if the individual is new to the roster. Select "Closed" for an individual no longer residing in the foster home.  
Select "Update" if information for the individual has changed; After you have sent the first report, do not repeat the names in future reports unless they are "Closed" or subject to an "Update"

Chessie I.D.: In the first report of this type you will be provided with a list of ID numbers associated with each foster home. Use this number to identify each person is living in the foster home.

Household member legal name: Enter the individual's complete and legal first, middle and last names.

Affiliation Type: Select "Foster Parent" for the individuals certified as foster parents in the home. Select "Foster Parent – Child" for any person living in the home who is the foster parent's biological child, adopted child, or stepchild. Select "Foster Parent – Relative" for any person who resides in the home who is related to the foster parent by blood or marriage. Select "Resident – Non-Relative" for any person

who resides in the home who is not related to the foster parent by blood or marriage.

Date of Birth: Enter the numerical date such as 4/30/1976.

Age today in years: Do not enter. Age will be calculated by entering the Date of Birth as noted.

Street Address of Foster Home: Enter the street address such as 311 W. Saratoga Street.

Foster Home City: Enter the city or municipality such as Baltimore.

Foster Home Zip Code: Enter the numerical zip code.

Date of most recent home health safety inspection results: Enter the numerical date of as noted on the inspection report.

Documentation of Home Health Safety Inspection in Foster Home File: Select "Yes" only if, at this moment, the record on the foster family contains a copy or the original of the most recent Health Department inspection. Otherwise, Select "No."

Date of most recent Fire Safety Inspection results: Enter the numerical date of the most recent fire inspection results.

Documentation of Fire Safety Inspection: Select "yes" only if, at this moment, the record on the foster family contains a copy or the original of the most recent Fire Department inspection. Otherwise, Select "no."

Date of Most Recent Medical Examination: Enter the numerical date of the most recently completed medical examination of the individual; to be valid this medical evaluation must include or be accompanied by the results of a test for Tuberculosis (TB)

Documentation of Medical Examination: Select "yes" only if, at this moment, the record on the foster family contains a copy or the original of the most recent medical examination of the individual. Otherwise, Select "no."

Foster Home Most Recently Approved: Enter the numerical date of the most recent foster home approval of this family by the agency social worker.

Foster Home Closed Date (if applicable):  
Enter the numerical date of the closing as  
reflected in the closing letter.

#### **CHILD PROTECTIVE SERVICES INFORMATION**

Current CPS Clearance Results Date: Date  
on which the individual's clearance was  
completed by either an appropriate local  
department of social services or the Social  
Services Administration. If the individual  
is under the age of 18 use the same date  
used for the primary foster parents CPS  
results.

Documentation of Current CPS Clearance  
in the Foster Home Record: Select "Yes"  
only if the program's personnel file for the  
individual contains, at this moment, a copy  
of the document received by either the  
appropriate local department of social  
services or the Social Services  
Administration. Select "no" in all other  
cases.

Outcome of Clearance: In almost all cases,  
the form should read "clear" or "N/A" If  
an exception was made by an administrator

in the Department of Human Resources  
select "Exception." Only if there is a  
written letter or memo describing the  
exception and signed by the State  
administrator placed in the individual's  
personnel file may the exception be  
claimed.

#### **FEDERAL CLEARANCE INFORMATION**

Federal Criminal Background Check Date  
Result: The date on which CJIS completed  
the check.

Documentation of Federal Criminal  
Background Check: Select "Yes" only if  
the agency's foster care record for the  
family contains, at this moment, a copy of  
or the original document received by CJIS.  
Select "no" in all other cases.

Is there a federal conviction in the  
following categories: Child Abuse, Child  
Neglect, spousal Abuse, Rape, Sexual  
assault, Homicide or any Crime Against  
Children:

If there has been a conviction, enter the  
type of conviction as noted on the CJIS  
results, otherwise write N/A.

#### **STATE CLEARANCE INFORMATION**

State Criminal Background Check Results  
date: The date which CJIS completed its  
clearance should be entered.

Documentation of current State clearance is  
in the foster home record: Select "Yes"  
only if the agency's foster home record  
contains, at this moment, a copy of or the  
original document received by CJIS. Select  
"no" in all other cases.

Is there a State conviction in the following  
categories: Child Abuse, Child Neglect,  
Spousal abuse, Rape, Sexual Assault,  
Homicide or any crime against children.  
Select "Yes" if this is true. Select "No" if  
this is false.

#### **CONVICTION WITHIN THE PAST 5 YEARS**

Has there been a conviction on charges of  
Assault, Battery or Drug related crimes?  
Select "Yes" if this is true. Select "No" if  
this is false.